

STATE OF NORTH CAROLINA

CERTIFICATION OF VITAL RECORD

MECKLENBURG COUNTY

REGISTER OF DEEDS - HEALTH DEPARTMENT

CHARLOTTE, NORTH CAROLINA

CERTIFICATE OF DEATH

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 660-61 LOCAL NO. 2010009066 COUNTY OF DEATH Mecklenburg STATE FILE NO.

DECEDENT
1a FIRST Carol 1b MIDDLE Lynn 1c LAST Hill 1d SUFFIX 1e LAST NAME PRIOR TO FIRST MARRIAGE

2 SEX F 3a AGE-LAST BIRTHDAY (Yrs) 19 3b UNDER 1 YEAR 3c UNDER 1 DAY 4 DATE OF BIRTH (Month/Day/Year) 1/24/2001 5 BIRTHPLACE (County/State or Foreign Country) Mecklenburg, NC 6 DATE OF DEATH (Month/Day/Year) December 31, 2020

7a IF DEATH OCCURRED IN A HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)
7b IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c FACILITY NAME (if not institution, give street and number) 7607 Monogram Lane 7d CITY OR TOWN Mint Hill 7e COUNTY OF DEATH Mecklenburg

8 MARITAL STATUS ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown ☐ SURVIVING SPOUSE (Give name prior to first marriage) Student 10a DECEDENT'S USUAL OCCUPATION (Do not use retired) Education

11 SOCIAL SECURITY NUMBER 244-95-0709 12a RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina 12b COUNTY Mecklenburg 12c CITY OR TOWN Mint Hill

12d STREET AND NUMBER 7607 Monogram Lane 12e INSIDE CITY LIMITS ☒ Yes ☐ No 12f ZIP CODE 28227 13 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

14 DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th-12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, BS)
☐ Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15 DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

16 DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese

17 FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Jervy Gilford Hill, Jr. 18 MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Stephanie Lynn Marshall

19a INFORMANT'S NAME Stephanie L. Hill 19b RELATIONSHIP TO DECEDENT Mother 19c MAILING ADDRESS (Street and Number, City, State, Zip Code) 7607 Monogram Ln, Mint Hill, NC 28227

20a METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) 20b PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Forest Lawn West Crematory 20c LOCATION (City or Town and State) Charlotte, NC

21a SIGNATURE OF FUNERAL DIRECTOR [Signature] 21b LICENSE NUMBER FS3174 21c NAME OF EMBALMER N/A 21d LICENSE NUMBER N/A

22 NAME AND ADDRESS OF FUNERAL HOME McEwen Funeral Service-Mint Hill Chapel
7428 Matthews-Mint Hill Rd, Mint Hill, NC 28227

23 PART I Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. Approximate interval Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a Shotgun wound of head Instantaneous
Due to (or as a consequence of)
b
Due to (or as a consequence of)
c
Due to (or as a consequence of)
d
Due to (or as a consequence of)

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I 24a WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 24b WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

25 MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined ☐ 25a WAS CASE REFERRED TO MEDICAL EXAMINER? ☒ Yes ☐ No 25b IF YES ☐ Declined by Medical Examiner ☒ 26 TIME OF DEATH (Approximate) 12 18 27 DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 28 IF FEMALE ☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

30 DATE PRONOUNCED (Month/Day/Year) 12/31/2020 31a DATE OF INJURY (Month/Day/Year) 12/31/2020 31b TIME OF INJURY 31c INJURY AT WORK? ☐ Yes ☒ No 31d PLACE OF INJURY—at home, farm, street, factory, office, building, etc. At home 31e IF TRANSPORTATION INJURY SPECIFY ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

31f DESCRIBE HOW INJURY OCCURRED Self-inflicted shotgun injury 31g LOCATION OF INJURY (Street/Number/City/State) 7607 Monogram Ln, Mint Hill NC

32 CERTIFIER (Check only one)
☐ Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated
☒ Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated

33a SIGNATURE AND TITLE OF CERTIFIER [Signature] 33b LICENSE NUMBER 2016-01892 33c DATE SIGNED (Month/Day/Year) December 31, 2020

34 NAME AND ADDRESS OF CERTIFIER (Print legibly) James R. Lozano, M.D. 34a LOCAL REGISTRAR (Name) Gibbie Harris 35 DATE FILED (Month/Day/Year) JAN 07 2021

DATE CORRECTED (Mo/Day/Yr) ITEM(S) CORRECTED
DATE AMENDED (Mo/Day/Yr) ITEM(S) AMENDED

THIS IS TO CERTIFY THIS IS A TRUE AND CORRECT REPRODUCTION OF THE OFFICIAL RECORD FILED IN MECKLENBURG COUNTY.

V 1403318

WITNESS MY HAND AND OFFICIAL SEAL THIS DAY January 7, 2021

Gibbie Harris
Health Director & Registrar

Fredrick Smith
Register of Deeds

By: [Signature]

Case 3:22-cv-00664-KDB-DSC Document 1-2 Filed 12/13/22 Page 1 of 2



STATE OF NORTH CAROLINA

File No.

2021 E 002446

MECKLENBURG CountyIn The General Court Of Justice
Superior Court Division
Before the Clerk**IN THE MATTER OF THE ESTATE OF:**Name
CAROL LYNN HILL**LETTERS**

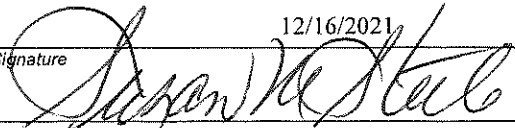
ADMINISTRATION

G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Address Of Fiduciary 1 STEPHANIE L HILL 7607 MONOGRAMM LANE MINT HILL NC 28227	Date Of Qualification 12/16/2021 Clerk Of Superior Court ELISA CHINN-GARY
Title Of Fiduciary 1 ADMINISTRATOR	EX OFFICIO JUDGE OF PROBATE
Name And Address Of Fiduciary 2	Date Of Issuance 12/16/2021 Signature 
Title Of Fiduciary 2	<input checked="" type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court

SEAL**NOTE: This letter is not valid without the official seal of the Clerk of Superior Court.**

AOC-E-403, Rev. 7/06

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